Arizona Health Improvement Plan

Accidents/Unintentional Injuries

| Accidents/Unintentional Injuries | |
|--|---|
| Criteria | Health Issue Data/Information |
| Scope or Magnitude of the Problem How many people across Arizona does the health issue affect? | For 2013, on average 13 people died each day from all injuries, resulting in 4,836 deaths for the year. Unintentional injuries are the leading cause of death for children and adults 1 through 44 years of age; the 3rd cause of death for adults 45-64 and 7th cause of death for adults 65 years and older |
| | The three top injuries resulting in deaths were: |
| | 1,240 deaths due to poisonings |
| | o 880 deaths due to falls |
| | 720 deaths due to Motor Vehicle crashes |
| | 362,493 Emergency Department visits were due to unintentional injuries |
| Severity (Morbidity / Mortality) | Unintentional injuries accounted for 3,137 deaths in 2013 and 31,378 inpatient hospitalizations |
| Does the health issue result in death, disability, or ongoing illness? | |
| What resources (funding, workforce, programs, etc.) are available to address the health issue? | At ADHS, CDC and Title V funds provide modest but inadequate investment in injury prevention. Progress is occurring in the areas of falls prevention and prescription drug misuse through partnerships such as Injury Prevention Advisory Council, Arizona Rx Misuse and Abuse Initiative and the Falls Prevention Coalition |
| Can progress be made on the health issue within five years? Could addressing the health issue also address other problems at the same time? | Injury prevention partners with Home Visiting with a strong focus on Safe Sleep and child car safety and with Chronic Disease focusing on older adults falls prevention & unintentional poisoning /prescription drug misuse. Addressing injuries also addresses Creating Health Communities health issue such as safe routes to school and substance abuse |
| Cost-Effectiveness What is the cost of not addressing the health issue? For example, how does it impact health care costs or Medicaid costs? How much money can be saved by addressing the problem? Does the money put into a solution reduce costs | Unintentional injury hospital inpatient charges for 2013 totaled more than \$1.9 billion; \$595 million in charges to Medicare and \$290 million to AHCCCS Over \$1.2 billion in emergency department visit charges, of which over \$268 million was charged to AHCCS and \$224 million to Medicare \$30 booster seats produce a cost saving greater than 9 to 1 The value of addressing the health issue results in the improved quality and quantity of life for |

| enough to make the solution worthwhile? | Arizonans, as well as, decreasing the economic burden injuries place on the state |
|---|--|
| What's the value of addressing the health issue? | |
| Ouality of Life How does the health issue impact daily living activity? How does it impact usual activities, such as work, self-care, or recreation? | Unintentional injuries impact daily living activities in a variety of ways depending upon the type of injury. In addition to the immediate health consequences, injuries have a significant impact on the well-being of the population by contributing to premature death, disability, poor mental health, high medical costs, and lost productivity |
| Disparities | Unintentional injuries affect groups of people differently depending upon the type of injury |
| How are groups of people affected differently by the health issue? | Overall, American Indians had the highest Unintentional injury mortality rate for 2013 with an age-adjusted mortality rate of 104.5 deaths per 100,000 residents |
| Are some groups of people more likely to be affected by the health issue than others? How significant are the differences? | American Indians had the highest poisoning rates, whereas White, non-Hispanics had the highest rate of unintentional falls |
| Types of disparities can include but are not limited to racial and ethnic groups, geographic location, age, gender, income, education, etc. | |
| Evidence-based Models Exist | Many of the unintentional injury strategies are not impacted by the geographic differences in the state but are impacted by the lack of resources that are unavailable in rural areas |
| Are evidence-based models relevant to cultural and geographic differences? For example, will they work in rural as well as urban communities? | |
| Community Readiness / Interest in Solving | Arizona has a strong injury prevention community, including the trauma system, dedicated to reducing the rates of unintentional injuries by using evidence-informed best practices and collaboration |
| What's the degree of public support and/or interest in working on the health issue? | |
| Which counties include this issue as a community health priority? | |
| Arizona Ranking below the US data | Arizona's mortality rate for all unintentional injuries consistently ranks above the national rate |
| Is Arizona doing better or worse than the U.S.? | The unintentional poisoning mortality rate is approximately 30% higher than the U.S. rate |
| How much better or worse are we doing compared to the nation? | The unintentional falls death rate among those 65 and older is approximately 41% higher than the U.S. rate |

| Is there enough support from elected officials or other policymakers to help move a strategy to implementation? | The political will is dependent upon the unintentional injury topic – currently there is strong support to address prescription drug misuse/abuse |
|---|--|
| Trend Direction Has the health issue been getting better or worse over time? | Unintentional Injury mortality rates have increased 8% from 2009 to 2013. Though some rates have decreased due to prevention efforts and policy solutions (motor vehicle traffic deaths), other such as unintentional poisonings have increased almost 10% over the past 5 years |